MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-016570
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	2229	0535	
3			
4	0		
5	1		
6			
7	0		
8	2		
9	X		
10			
11	053		
12	1-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 78

FILED APR 23 1963

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon
Length of stay in 1b: 15min.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise G. Wallace Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1430 Rutger St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Thomas Middle Floyd Last Barr

4. DATE OF DEATH: Month April Day 13, Year 1963

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-27-41

9. AGE (last birthday): 21 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): self employed

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: U.SA

13a. FATHER'S NAME: Floyd Barr

13b. MOTHER'S MAIDEN NAME: Mae (unknown)

14. NAME OF HUSBAND OR WIFE: Wanda Burns Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of) none

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Personal records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fractured skull — INTERVAL BETWEEN ONSET AND DEATH: 15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Train-Car collision

20c. TIME OF INJURY Hour 1:25 a.m. ~~p.m.~~ Month, Day, Year 4-13-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.R. tracks

20f. CITY, TOWN, OR LOCATION Lebanon, COUNTY Laclede, STATE Mo.

21. I attended the deceased from 4-13-63, to 4-13-63 and last saw ~~her~~ him alive on 4-13-63
Death occurred at 2:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B B Hurst M.D.

22b. ADDRESS 255 N. Adams, Lebanon, Mo.

22c. DATE SIGNED 4-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 4-17-63

23c. NAME OF CEMETERY OR CREMATORY Mt. Horeb Cemetery

23d. LOCATION (City, town, or county) (State) Camden County, Missouri

24. FUNERAL DIRECTOR ADDRESS J.J. Shadel Lebanon, Mo.

25. DATE RECD. BY LOCAL REG. 4-17-1963

26. REGISTRAR'S SIGNATURE Ella L. May

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1963

Permit issued - 4-17-1963 - W.R.A.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Rose M. Abbott
Signature of Student Embalmer

Licensed Embalmer No. 5115

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.